

YOUTH SPORTS ROSTER

CITY OF BURBANK – PARKS AND RECREATION DEPARTMENT -SPORTS OFFICE

1111 W. Olive Ave., Burbank, CA 91506 (818) 238-5330

TEAM: _____ DIVISION: _____ SPONSOR: _____

MANAGER: _____ ADDRESS: _____ HOME PHONE: _____ WORK PHONE: _____

IMPORTANT NOTICE TO ALL PLAYERS AND PARENTS/ LEGAL GUARDIANS: Please be aware that your signature on this roster shall constitute your acknowledgment of the inherent risks and hazards of participatory athletics and your express agreement to assume **all** risks, known and unknown, associated with such activity; and thereby shall also constitute your waiver and release of **any and all claims** against the City of Burbank attributable either to negligence, the existence of any field condition(s) alleged to be dangerous as a matter of law, or to any other unspecified breach of alleged duty owed by the City of Burbank.

1. Each player must sign by his own name. Falsified information shall result in a forfeiture of games.

2. A player may play for only **one** team per sport in the City of Burbank’s B.A.F. program.

3. All players must attend school or reside in Burbank. PENALTY for ineligible players: FORFEITURE.

4. Team grouping is determined by the highest grade represented by any player on the team.

5. A parent or guardian **must** sign the roster by his/her child’s name. Failure to sign will forfeit player’s participation.

PHOTO AGREEMENT FOR PARTICIPATION IN SPORTS PROGRAM: I grant the City of Burbank permission to use my or my child(ren)s photographs and images, including but not limited to video images and sound recording, for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

**ASA/Hap Minor/Ponytail please denote a P next to their name (For anyone that might pitch).*

	Player’s Name (PRINT)	Player’s Signature	Address	Zip	Hm. Phone	Birthdate	Grade/School	Parent/Guardian Signature
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____
Coach	Name _____	Signature _____	Address _____	Zip _____	Hm. Phone _____	Wk. Phone _____		
Coach	_____	_____	_____	_____	_____	_____		
Coach	_____	_____	_____	_____	_____	_____		

I certify that the information on this roster is correct and accurate: _____

Manager’s Signature

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11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							